## BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |   |                  | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                            |                        |
|---|--|---|-------------------|---|------------------|---------------------|------------------------|-------------------------------|----------------------------|------------------------|
| FC  | R  | NUMB                                      | R FILED           | NUMBER                                      | EXTRA            | RATE                | FEE                    |                               | RATE                       | FEE                    |
| ВА  | SIC FEE  |   |                   |   |                  |                     | 380.00                 | OR                            |                            | 760.00                 |
| то  | TAL CLAIMS                                     | 34  | minus 20          | s 20= * ///                                 |                  | X\$ 9=              |                        | OR                            | X\$18=                     | 252                    |
| IND   | EPENDENT CL                                    | AIMS 3                                    | § minus 3 = *     |   |                  | X39=                |                        | OR                            | X78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   |   |                  | +130=               |                        | OR                            | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                   |   |                  |                     |                        | OR                            | TOTAL                      | 1012                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |                   |   |                  | SMALL ENTITY        |                        | OR                            | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDIN  | Total  | *534                                      | Minus             | #3Y   | =                | X\$ 9=              |                        | OR                            | X\$18=                     |                        |
| AME   | Independent                                    | *3  | Minus             | ***.5]                                      | =                | X39=                |                        | OR                            | X78=                       |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEPI      | ENDENT CLAIM                                |                  | +130=               |                        | OR                            | +260=                      |                        |
|   |  |   |                   |   |                  |                     |                        | OR                            | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                   | (Column 2)                                  | (Column 3)       | ADDIT. FEE          |                        |                               |                            |                        |
| ENT B   | B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | * 34                                      | Minus             | ** 34                                       | =                | X\$ 9=              |                        | OR                            | X\$18=                     |                        |
| AME   | Independent                                    | * 3                                       | Minus             | *** 3                                       | =                | X39=                |                        | OR                            | X78=                       | (                      |
|   | FIRST PRESE                                    | NIATION OF M                              | OLTIPLE DEPI      | ENDENT CLAIM                                |                  | +130=               | (                      | OR.                           | +260=                      |                        |
|   |  |   |                   |   |                  | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                   | (Column 2)                                  | (Column 3)       |                     |                        |                               |                            |                        |
| ENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus             | **  | =                | X\$ 9=_             |                        | OR-                           | X\$18=_                    |                        |
|   | Independent                                    | *   | Minus             | ***   | =                | X39=                |                        |                               | X78=                       |                        |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |   |                  |                     | }                      | OR                            | <b> </b>                   |                        |
| _* 1  | the entry in colum                             | mn_1 is lose than #                       | he entry in colum | an 2 write "A" in co                        | lumn 3           | +130=               |                        | OR                            | +260=                      |                        |
| -* If the-entry in-column-1 is less than the entry in column 2, write "0" in column 3 |  |   |                   |   |                  |                     |                        |                               |                            |                        |

## It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 64/452/62

|   |  | Total Fee Calculation |                   |                 |   |            |            |            |  |  |  |
|---|--|-----------------------|-------------------|-----------------|---|------------|------------|------------|--|--|--|
|   |  | Fee Cade              | Total<br># Claims | Number<br>Extra | х | Fee        | Fee        | Tati       |  |  |  |
|   | Exsic Filing Fee                           | Scarly.               |                   |                 |   | Sm. Eatiry | Lg. Eaticy | 1001       |  |  |  |
|   | Total Claims >20                           | 203/103               | -20 -             | <del></del>     | x |            |            |            |  |  |  |
| : | Mulc Dep Claim Present                     | <u> 307/107</u>       |                   |                 | х |            | · .        |            |  |  |  |
|   | Surcharge English Translation              | 205/105               |                   |                 | - |            |            | <u> </u>   |  |  |  |
|   | TOTAL FEE CALCULA  Fees due upon filing th | TION .                |                   |                 |   |            |            | 130<br>130 |  |  |  |
|   | Total Filing Fees Due =                    | S                     | 130               |                 |   | <b>.</b>   |            | -          |  |  |  |
|   | Less Filing Fees Submit                    | ted - S               |                   |                 | : |            | •          |            |  |  |  |
|   | BALANCE DUE                                | = 5                   | /30               |                 | • | -          |            |            |  |  |  |
|   | Office of Initial Patent Ex                | camination            |                   |                 |   | ·          |            |            |  |  |  |
|   | FORM OPE-RAM-01-(Rev. 1                    | <u>-</u> 2/97)        | Figure            | _Z              |   |            | ·          |            |  |  |  |